

INVENTORSHIP DECLARATION BY JOINT INVENTORS

I HEREBY DECLARE THAT:

My residence, mailing address, and citizenship are stated next to my name in PART A on hereof.

I believe I am the original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

MULTIPLEXED ENZYMATIC ASSAYS

the specification of which:

☐ is attached hereto.

☒ was filed on August 8, 2001 as Application Serial No. 09/924,692.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed in PART B hereof and have also identified in PART B on hereof any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

I hereby claim the benefit under Title 35, United States Code §119(e) and §120, of any United States application(s) listed in PART C hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 which occurred between the filing date of the prior application and any national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please direct all telephone calls to Peter J. Dehlinger at (650) 838-4401. Address all correspondence to:

**Perkins Coie LLP
P.O. Box 2168
Menlo Park, CA 94026
Customer No. 22918**

INVENTORSHIP DECLARATION BY JOINT INVENTORS

PART A: INVENTOR INFORMATION AND SIGNATURE

Full name of FIRST inventor: Qifeng Xue

Citizenship: PRC Mailing Address: 37493 Summer Holly Common
Freemont, CA 94536

Residence (if different):

Inventor's Signature: Qifeng Xue

Date: 8/14/01

Full name of SECOND inventor: Ian Gibbons

Citizenship: Great Britian Mailing Address: 831 La Mesa Drive
Portola Valley, CA 94028

Residence (if different):

Inventor's Signature: Ian Gibbons

Date: 8/14/01

PART B: CLAIM TO PRIORITY OF FOREIGN APPLICATION(S) UNDER 35 U.S.C. 119(a-d)

Country

App. No.

Filing Date

PART C: CLAIM TO PRIORITY OF U.S. PROVISIONAL AND NONPROVISIONAL APPLICATION(S) UNDER 35 U.S.C. 119(e) AND 120

Serial No.

Filing Date

Status

60/223,832

8 August 2000

☐

☒

☐

Patented

Pending

Abandoned



REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	Not Yet Assigned
	Filing Date	02 July 2003 Herewith
	First Named Inventor	Xue
	Group Art Unit	1654 (prior)
	Examiner Name	L.N. Leary (prior)
	Attorney Docket Number	070.01US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

and

☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number

33603

Place Customer
Number Bar Code
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OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Stephen C. Macevicz, Vice President, Aclara Biosciences, Inc.
Signature	
Date	02 July 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Not Yet Assigned
Filing Dat	02 July 2003 Herewith
First Named Inventor	Xue
Group Art Unit	1654 (prior)
Examiner Name	L.N. Leary (prior)
Attorney Docket Number	070.01US

I hereby appoint:

☒ Practitioners at Customer Number

33603

OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Stephen C. Macevicz, Vice President, Aclara Biosciences, Inc.

Signature

Date

02 July 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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